

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552626

FILING DATE

05 SEP 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1			1		
5		1			1	
6		1			1	
7		1			1	
8		1			1	
9		1			1	
10		1			1	
11		1			1	
12		1			1	
13		1			1	
14		1			1	
15		1			1	
16	1		1			
17		1		1		
18		2		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27	1		1	1		
28		1		1		
29		1		1		
30		1		1		
31	1		1			
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33	1		1	1		
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	31	←	30	←	←	
TOTAL CLAIMS	34		33			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						